California Department of Education Education Technology Office 515 L Street, Suite 250

Sacramento, CA 95814

Attention: DHS Certification of Eligibility

FAX To: (916) 323-5110 or (916) 323-5102

Due Date: Thursday, September 21, 2000

I hereby certify that the governing board:

- 1. will meet program requirements related to a technology installation grant;
- 2. will meet the local match requirements related to a technology installation grant;
- 3. the priority listing of school sites indicated are eligible to receive technology installation grants and that those sites meet the definitions of a separate school site as defined by Education Code Section 52255.

4a. the required combinations (Education Code Section 52254(d)) states that "continuation schools, opportunity schools, educational centers, community day schools, and special education programs" that "are located on the same site as, on a site adjacent to, or across the street from, a comprehensive high school, shall be included, for application and funding purposes, with the comprehensive high school."

Printed Name of Contact Person:		on:			Phone:		
Signature of Sup Governing Board				Date:			
County Code	LEA Code	L	EA Name				
15	10157	K	ern Co. Office of Educat	ion			
If no change,	leave blank	:					
Indicate only priority, and	v		a new combination, ente section	r a "C", a nev			
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment	
		6069496	Special Education	64			

participate in the DHS Program.	
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Printed Name of Contact Person:		on:			Phone:	
Signature of Superintendent or Local Governing Board Representative: Date:						
County Code	LEA Code	Li	EA Name			
16	10165	K	ings Co. Office of Educa	tion		
If no change,	leave blank	k				
Indicate only priority, and	v c	U	a new combination, ente	r a "C", a nev		
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment
		6069298	Special Education	73		

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Printed Name of Contact Person:		on:			Phone:		
Signature of Sup Governing Board				Date:			
County Code	LEA Code	L	EA Name				
18	10181	La	assen Co. Office of Educ	ation			
If no change,	leave blank	:					
Indicate only priority, and	v		a new combination, ente	er a "C", a nev			
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment	
		6069934	Special Education	27			

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Printed Name of Contact Person:		on:	Phone:				
Signature of Sup Governing Board				Date:			
County Code	LEA Code	Ll	EA Name				
19	10199	Lo	os Angeles Co. Office of	Education			
If no change,	leave blank	k					
Indicate only priority, and		•	a new combination, ente section	r a "C", a nev			
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment	
		1995232	Special Education	1734			

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Printed Name of Contact Person:		on:	Phone:				
Signature of Sup Governing Board				Date:			
County Code	LEA Code	Ll	EA Name				
19	64337	Ві	ırbank Unified				
If no change,	leave blank	k					
Indicate only priority, and		•	a new combination, enter a 'section	C", a nev			
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment	
		1996230	Burbank USD Community Day	41			

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Signature of Sup Governing Boar	•			Date:			
County Code	LEA Code	LI	EA Name				
19	64451	Do	owney Unified				
If no change,	leave blank						
Indicate only priority, and	-	-	a new combination, enter a " section	C", a nev			
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment	
	1:	937119	Rancho Los Amigos Hospital	4			

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Signature of Sup Governing Board				Date:				
County Code	LEA Code	LI	EA Name					
19	64568	G	lendale Unified					
If no change,	leave blank	:						
Indicate only priority, and	v	U	a new combination, enter section	a "C", a nev				
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7		
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment		
		6099022	College View Center	61				

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Printed Name of Contact Person: Signature of Superintendent or Local Governing Board Representative:			Phone:			
			Date:			
County Code	LEA Code	LEA Name				
19 64733		Los Angeles Unified				
If no change,	leave blank					
-	if changed. If ther clarify in the narra	e is a new combination, enter a "C tive section	", a nev			
Column 1	Column 2 Colum	n 3 Column 4	Column 5 Column 6	Column 7		

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment
		6060529	Marlton	151		
		1931070	Mid City Magnet	89		
		1931716	Valley Magnet	193		
		1933142	Owens (Jessie) Opportunity Center	8		
		1933233	Sherman Oaks Ctr. for Enriched Stu	812		
		6016885	Elizabeth Learning Center (K-12)	566		
		6060479	Sellery (C. Morley) Special Ed. Cent	27		
		6060487	Blend (Frances) Special Ed. Center	12		
		1931054	Westside Leadership Magnet	100		
		6060511	McBride (James J.) Special Ed. Ce	45		
		6060545	Perez (Alphonso B.) Special Ed. Ce	183		

		6060578 6069157 6060503	Lokrantz (Sven) Special Ed. Center Carlson (Berenece) Home Hospital Willenberg (Ernest P.) Special Ed.	19 266 136		
ATTENTION participate in		•	includes sites that were no ram.	t previously	eligible to	
Should any of th provide any explo		ted above ele	ect to combine with a previously selected	d site, please use	this area to	
This area is for	any expl	anation or	clarification you may have regard	ing your school	!s:	

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Signature of Sup Governing Board				Date:			
County Code	LEA Code	L	LEA Name				
20	10207	M	adera Co. Office of Educ	cation			
If no change,	leave blank	:					
Indicate only priority, and o		•	a new combination, ente section	r a "C", a nev			
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment	
		6077200	Special Education	84			

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Printed Name of Contact Person:		on:		Phone:				
	Signature of Superintendent or Local Governing Board Representative: Date:							
County Code	LEA Code	Ll	EA Name					
22	10223 Mariposa Co. Office of Education							
If no change,	leave blank	k						
Indicate only priority, and		•	a new combination, ente section	r a "C", a nev				
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7		
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment		
		6105308	Special Education	9				

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Signature of Sup Governing Board					Date:		
County Code	LEA Code	L	EA Name				
24	10249	M	erced Co. Office of Edu	cation			
If no change,	leave blank						
Indicate only priority, and	v c		a new combination, ente section	r a "C", a nev			
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment	
		6069199	Special Education	149			

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Printed Name of Contact Person:			Phone:				
	gnature of Superintendent or Local overning Board Representative: Date:						
County Code	LEA Code	· L	EA Name				
25	10256 Modoc Co. Office of Education						
If no change,	leave blan	\overline{k}					
Indicate only priority, and	-	-	s a new combination, enter a "C e section	", a nev			
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment	
		2530103	Modoc County Community School	4			
		6069314	Special Education	20			

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Signature of Superintendent or Local Governing Board Representative: Date:							
County Code	LEA Code	L	EA Name				
26	10264	M	lono Co. Office of Educa	tion			
If no change,	leave blank	;					
Indicate only priority, and	v	U	a new combination, ente	r a "C", a nev			
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment	
		6069330	Special Education	14			

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Signature of Sup Governing Boar	•			Date:			
County Code	LEA Code	LE	EA Name				
27	10272	Mo	onterey Co. Office of Ed	lucation			
If no change,	leave blank						
Indicate only priority, and	-	-	a new combination, ente section	er a "C", a nev			
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment	
	6	069512	Special Education	134			

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Signature of Superintendent or Local Governing Board Representative: Date:							
County Code	LEA Code	LI	EA Name				
27	73825	No	orth Monterey County Uni	fied			
If no change,	leave blank	:					
Indicate only priority, and	v	U	a new combination, enter a section	"C", a nev			
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	
New Combined Status	Alternative School Location	School Code	School Name	Oct. 99 CBEDS Enrollment	Want to participate in the DHS Program	October 2000 Estimated Enrollment	
		2730182	Liberty Family Academy	146			

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